Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Effective November 10, 1998 CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE ____ SMALL ENTITY FOR OR NUMBER FILED NUMBER EXTRA RATE FEE RATE FEE BASIC FEE 380.00 OR 760.00 TOTAL CLAIMS minus 20= | * X\$ 9= X\$18= OR INDEPENDENT CLAIMS minus 3 = |* X39= X78= MULTIPLE DEPENDENT CLAIM PRESENT OR +130= * If the difference in column 1 is less than zero, enter "0" in column 2 +260= OR TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) SMALL ENTITY (Column 3) SMALL ENTITY OR CLAIMS 4 HIGHEST REMAINING ADDI-AMENDMENT NUMBER **PRESENT** ADDI-AFTER **PREVIOUSLY** RATE TIONAL **EXTRA AMENDMENT** RATE TIONAL PAID FOR FEE FEE Total -Minus 6 X\$ 9= X\$18= Independent OR Minus FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM X39=X78= OR +130= OR +260= TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS 0 HIGHEST REMAINING NDMENT NUMBER ADDI-PRESENT **AFTER** ADDI-**PREVIOUSLY EXTRA** RATE TIONAL **AMENDMENT** RATE TIONAL PAID FOR FEE Total FEE Minus = X\$ 9= AME X\$18= Independent OR Minus FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM X39= X78= OR +130 =+260= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) -(Column 3) CLAIMS HIGHEST **REMAINING AMENDMENT** NUMBER ADDI-**PRESENT** AFTER ADDI-**PREVIOUSLY** RATE **AMENDMENT** EXTRA TIONAL PAID FOR RATE TIONAL FEE Total FEE Minus X\$ 9= Independent X\$18= Minus OR = FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM X39= X78= OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. +130= +260= OR ** If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20." TOTAL ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL OR ADDIT. FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. ADDIT. FEE

NOTICE OF FILING/CLAIM FEE(S) DUE TO ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A COPY OF THIS FEE CALCULATION SHEET WITH YOUR RESPONSE.

Total Fee Calculation

	Fee Code	Total # Claims	Number Excu	X	ř ≈	Fee =	Total
	Stre				Sa Entity	La Estity	
Said Filing Fa	201/101	1 (•	760	
Total Claims >20	203/163	<u>φ</u> .20 =	46	X	***************************************	828	
Independent Claims >3	202/102	20 .: =	10	X		289	***************************************
Mail. Dep Claim Present	304/104		•		***************************************	***************************************	***************************************
Succiarge	205/105					30	
English Translation	130					-	7
TOTAL FEE CALCUL	ATTON			٠			

Fees due upon filing the application:

Total Filling Fees Due = 5

Less Filing Fees Submitted

FORM OFFERMAN (Rev. 5/97)